

Doc Code:

PTO/SB/61 (01-05)

Approved for use through 12/31/2008, OMB 0551-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	11/711,034
Filing Date	08/18/2004
First Named Inventor	Ping Li
Title	Power Controlled Interleave-Division Multiple-Access Wireless Communication Systems
Art Unit	2617
Examiner Name	Kim, Wesley Leo
Attorney Docket Number	2055.014

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

23405

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Sammy Chan

Date

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple



Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

PTC/GO/01 (01-08)

Approved for use through 12/31/2008, OMB 0881-0038

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 Division of Information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number	11711.834
Filing Date	08/18/2004
First Named Inventor	Ping Li
Title	POWER CONCENTRATED INTEGRATED- DIVISION MULTICARRIER WIRELESS COMMUNICATION SYSTEMS
Art Unit	2637
Examiner Name	Khan, Wesley Lco
Attorney Docket Number	2006.014

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ Practitioners associated with the Customer Number:

23405

☐ Perpetrator(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

☐ The address associated with Customer Number:

☐ **Filter by**
☐ **Global NetID**

Address

City

Country

Telephone _____

I am the:

☒ ARE

☐ Assignment of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90).

SIGNATURE of Applicant or Assignee of Record

Signature _____

Name _____

Plan Li

Date _____

Telephone

<p>Title and Company</p>	<p>_____</p>
---------------------------------	--------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms are submitted.

☐ Total of 2 forms are submitted

[illegible]

If you need assistance in completing the form, call 1-800-PTD-8100 and select option 2.

ORA RICEZ. 11. LUG. 4:55

ORA STAMPA 11. LUG. 4:56

TOTAL P. 02